

AUG 15 2003

PART B - FEE(S) TRANSMITTAL

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26584 7590 05/13/2003

OTIS ELEVATOR COMPANY
 INTELLECTUAL PROPERTY DEPARTMENT
 10 FARM SPRINGS
 FARMINGTON, CT 06032

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Fee Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Tricia Smith (Depositor's name)
 (Signature)
 August 13, 2003 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/280,637 | 03/29/1999 | TERRY M. ROBAR | OT-4465 | 6119 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR MAGNETIC DETECTION OF DEGRADATION OF JACKETED ELEVATOR ROPE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1300 | \$0 | \$1300 | 08/13/2003 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| SNOW, WALTER E | 2862 | 324-240000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Otis Elevator Company

Farmington, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

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☒ Advance Order - # of Copies 5

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08/18/2003 HBERHE1 00000086 09280637

01 FC:1501
 02 FC:8001

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